

## Application Data Sheet

### Application Information

|                                     |   |
|-------------------------------------|---|
| Application Type::                  | Regular   |
| Subject Matter::                    | Utility   |
| Suggested Classification::          |   |
| Suggested Group Art Unit::          |   |
| CD-ROM or CD-R?::                   | None  |
| Number of CD disks::                |   |
| Number of Copies of CDs::           |   |
| Sequence Submission?::              | None  |
| Computer Readable Form (CRF)::      | No  |
| Number of copies of CRF::           | 0   |
| Title::                             | ANTISENSE COMPOUNDS, METHODS<br>AND COMPOSITIONS FOR TREATING<br>NGAL-RELATED INFLAMMATORY<br>DISORDERS |
| Attorney Docket Number::            | 1506-1035-1   |
| Request for Early<br>Publication?:: | No  |
| Request for Non-Publication?::      | No  |
| Suggested Drawing Figure::          |   |
| Total Drawing Sheets::              | 2   |
| Small Entity?::                     | Yes   |
| Latin Name::                        |   |
| Variety Denomination Name::         |   |
| Petition Included?::                | No  |
| Petition Type::                     |   |
| Licensed US Gov't Agency::          |   |
| Contract or Grant Numbers::         |   |
| Secrecy Order in Parent<br>Appl.?:: | No  |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: ANDREAS  
Middle Name::  
Family Name:: DIECKMANN  
City of Residence:: BROMMA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: MARGARETELUNDSVAGEN 76

City of Mailing Address:: BROMMA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-167 36

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name::  
Family Name:: LOFBERG  
City of Residence:: DJURSHOLM  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: EKEBYVAGEN 9

City of Mailing Address:: DJURSHOLM  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-182 55

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: OLIVER  
Middle Name::  
Family Name:: VON STEIN  
City of Residence:: SPANGA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: BATSMAN STENS VAG 23

City of Mailing Address:: SPANGA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-163 41

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: PETRA  
Middle Name::  
Family Name:: VON STEIN  
City of Residence:: SPANGA  
State or Province of Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: BATSMAN STENS VAG 23

City of Mailing Address:: SPANGA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-163 41

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

|                                  |        |
|----------------------------------|--------|
| Representative Customer Number:: | 000466 |
|----------------------------------|--------|

**Domestic Priority Information**

|                  |                    |                      |                      |
|------------------|--------------------|----------------------|----------------------|
| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
| This application | Non-Provisional of | 60/407,954           | 9/5/02               |
|                  |                    |                      |                      |

**Foreign Priority Information**

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| SWEDEN    | 0202244-0            | 7/17/02       | Yes                |
|           |                      |               |                    |

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::